



MAY 21 2009

PTO/SB/17 (10-08)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b>	(\$)	1,300.00
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<b>Complete if Known</b>	
Application Number	10/776,522-Conf. #4129
Filing Date	February 12, 2004
First Named Inventor	Yohei MAKUTA
Examiner Name	B. A. Gebremichael
Art Unit	3715
Attorney Docket No.	0505-1268P

**METHOD OF PAYMENT** (check all that apply)

Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

Deposit Account    Deposit Account Number: 02-2448    Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17     Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
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<u>Fee (\$)</u>	<u>Fee (\$)</u>
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Each independent claim over 3 (including Reissues)

<u>Fee (\$)</u>	<u>Fee (\$)</u>
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Multiple dependent claims

<u>Fee (\$)</u>	<u>Fee (\$)</u>
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<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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21 - 41 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Fee (\$)</u>	<u>Fee (\$)</u>
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HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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2 - 5 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Fee (\$)</u>	<u>Fee (\$)</u>
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HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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- 100 = \_\_\_\_\_ /50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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<u>Fee (\$)</u>	<u>Fee (\$)</u>
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**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...)

810.00

1252 Extension for response within second month

490.00

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	Telephone
Signature		28,380	(703) 205-8015
Name (Print/Type)	James M. Slattery	Date	May 21, 2009

F-1 #43,362

